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## House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Ms. HIRONO).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,

March 15, 2010.

I hereby appoint the Honorable MAZIE H. HIRONO to act as Speaker pro tempore on this day.

NANCY PELOSI,

*Speaker of the House of Representatives.*

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

### HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Thank you, Madam Speaker.

This week marks the homestretch of the health care debate. Reform will pass if people focus on the facts and the opportunities. No more outsourcing our analysis to the talking heads. Now, facts matter and the American people should find them.

Health care is in crisis not just because we pay more for mediocre results in our health care system. The number

of uninsured Americans is increasing, soon to reach 50 million Americans. And health insurance is getting worse for those who already have it. It's getting more expensive, people will have higher co-pays, higher premiums. Then people will have to fight to get their health bills paid. The United States is the only industrialized country where people go bankrupt from health care. This year, a thousand people that I represent back in Oregon will go bankrupt from health care costs—and most of them will have health insurance.

Medicare is a great success story. Most of us recognize that. It was enacted 45 years ago over many of the same objections that we are now hearing from my Republican colleagues 45 years ago. Medicare has been responsible for our senior citizens getting the health care outcomes that people in most other developed countries enjoy.

Opponents attack government-paid insurance in France, Germany, Switzerland, and Canada. But most American families would welcome the health care results in those countries where people get sick less often, they get well faster, and they live longer, and they pay far less than Americans.

We have a huge problem because Medicare is at risk. It's on an unsustainable financial path while it penalizes low-cost, high-value States like mine—Oregon—and others such as Wisconsin and Iowa. The House bill shows how to make those important reforms.

Finally, part of the problem today is that there continues to be brutal political attacks that are unfettered by the truth and history. I take some of this a little personally because my bipartisan legislation to help families make sure that their end-of-life decisions are respected morphed into the Sarah Palin's "death panel"—which I am pleased to report was judged the lie of the year by Politifacts.com.

The mandate to buy insurance, which has been an object of attack, was in

fact a Republican idea that was introduced in the early 1990s as an alternative plan to the approach that was offered by the Clinton administration. And now we are having people fight to prevent any change in Medicare despite the fact that they admit it's on an unsustainable path, and they themselves have proposed some of the most Draconian efforts to cut—some would say gut it—in the past.

Is the legislation that we will be considering this week perfect? No, it's not. Of course, I have only been here 14 years and I've not yet seen a "perfect bill." And the sad decision that was made to follow Republican Leader BOEHNER's admonition to not legislate but to communicate, to talk and argue, actually made it harder to make good legislation.

Is this the final word in health care reform? Not by a long shot. We will be working to refine and improve this legislation for months, and indeed, years to come. But is it worth doing? Absolutely. This is a critically important step, the most important since Medicare was created 45 years ago.

This legislation passed the Senate 10 weeks ago. A month before that, the House passed its legislation. The facts are clear. The legislation is available. If the public and Congress focus on the facts, this bill will pass and a sick American health care system will start to get better.

### HEALTH CARE RECONCILIATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

Mr. STEARNS. Madam Speaker, in 1974, Congress passed the Congressional Budget Act. This law created an optional procedure we know as the budget reconciliation process. The chief purpose of the reconciliation process was to enhance Congress' ability to change current law in order to bring

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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